

Amendments to the Drawings:

The attached sheets of drawings labeled 'Replacement Sheet' include revisions to Figure 19 (now Figure 20) and additional drawing sheets for Figures 19A-H. For convenience, the Replacement Sheets include a complete set of the drawing Figures, and the Replacement Sheets have been renumbered to reflect the addition of Figures 19A-H. A marked-up drawing sheet labeled 'Annotated Marked-up Drawing' indicates in red ink the changes made to Figure 19.

Applicants note that informal drawing sheets for Figures 19A-19H were included with the original filing of the application on December 26, 2001. Formal drawing sheets for Figures 19A-H were inadvertently omitted with the filing of formal figures on January 9, 2003. A complete set of Figures is enclosed with this Response.

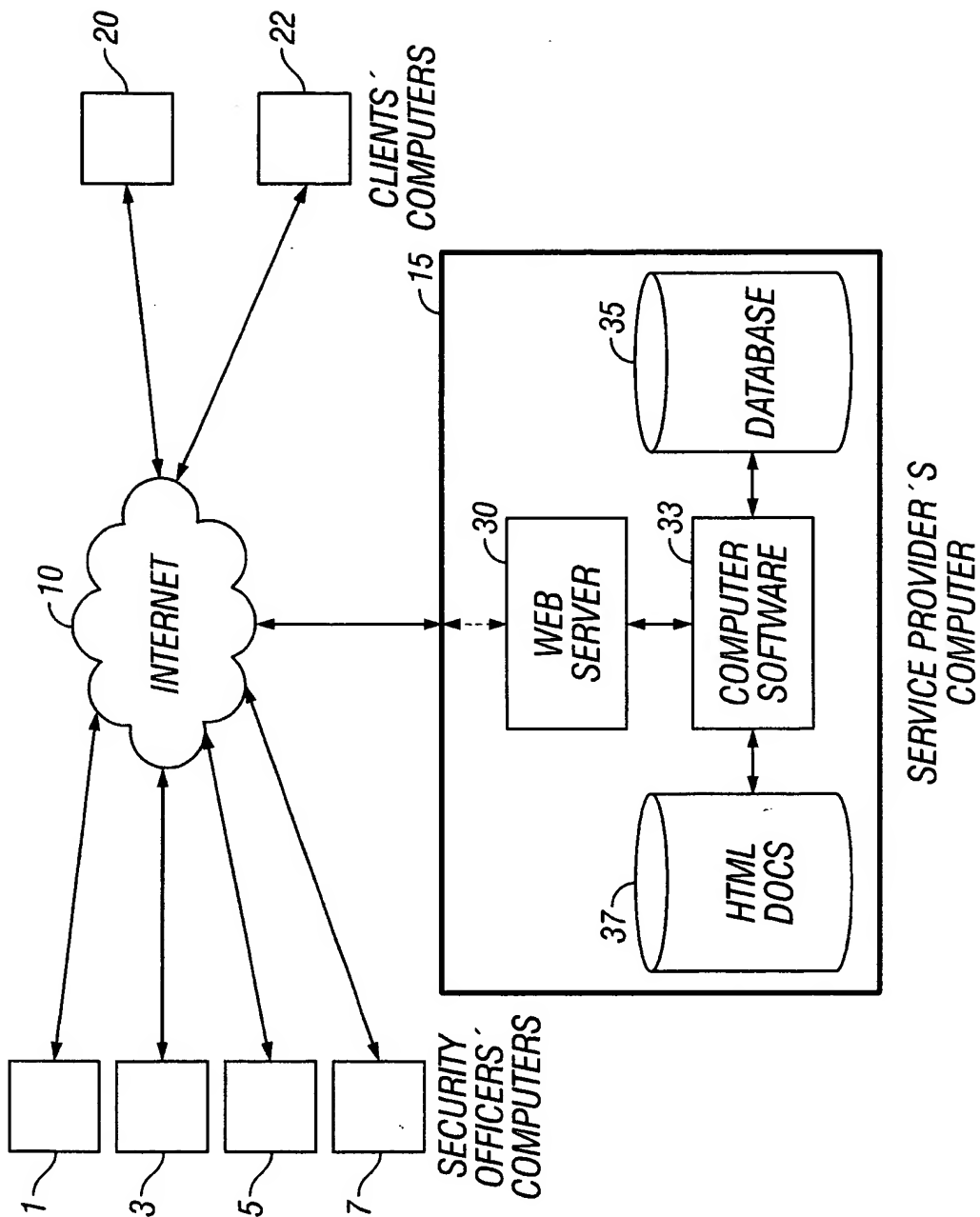


FIG. 1



Terrace Security Corporation
Online Applications Management Console

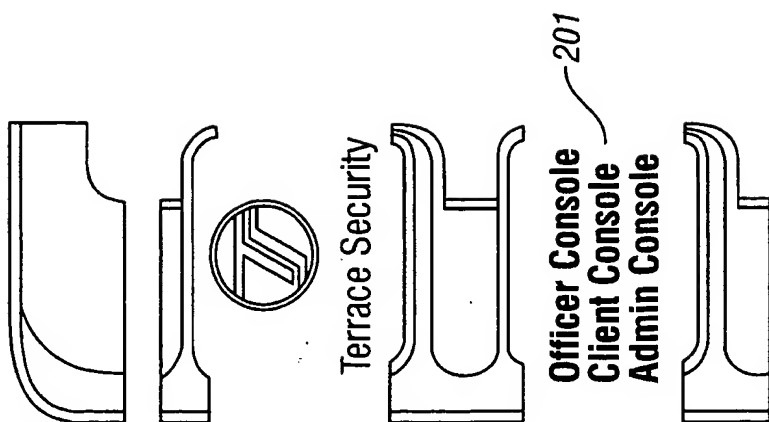


FIG. 2



Terrace Security Corporation
Officer Console

Please enter your badge number and password to continue:

Badge Number 305

Password 310

315

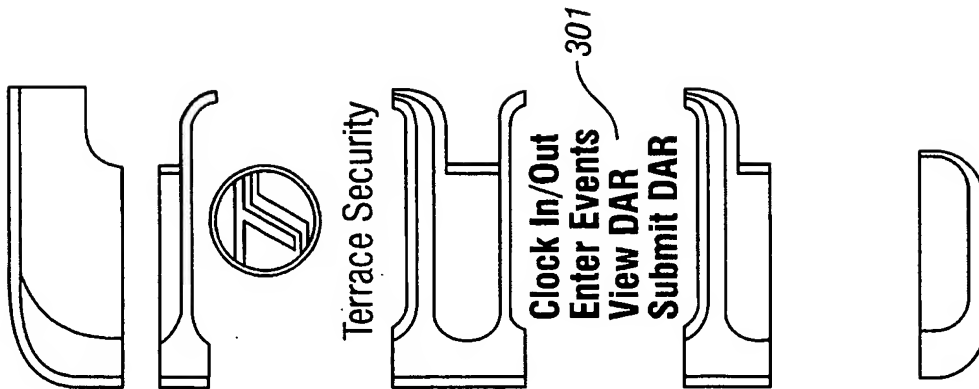


FIG. 3



Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property 420 Time In

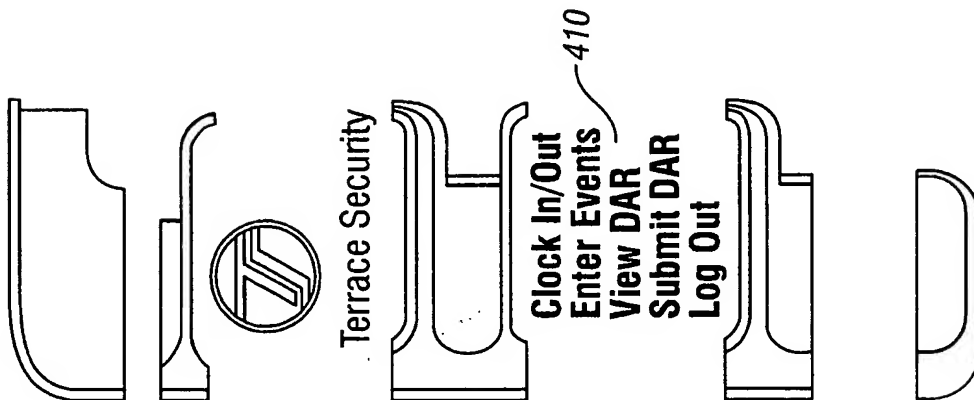
Terrace @ Willowbrook 425

Shift Code 425 Radio Number 430

Comments 435

440
Clock In

FIG. 4





5/41

Terrace Security Corporation
Officer Console

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

485

1600 - Abandonment of a Child

490

Comments

495

Add

450

Logged In: Neely, Bernard

455

Enter Event

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

485

1600 - Abandonment of a Child

490

Comments

495

Add

450

Logged In: Neely, Bernard

455

Enter Event

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

485

1600 - Abandonment of a Child

490

Comments

495

Add

450

Logged In: Neely, Bernard

455

Enter Event

460

Open Shifts

461

Time In

465

9:18:26 AM

462

Time Out

463

Shift Code

464

Property

470

Add Event

471

Time Out

472

Time In

473

Event Code

474

1600 - Abandonment of a Child

475

Comments

480

1600 - Abandonment of a Child

485

1600 - Abandonment of a Child

490

Comments

495

Add

FIG. 4A



Replacement Sheet

6/41

TSEC Manager

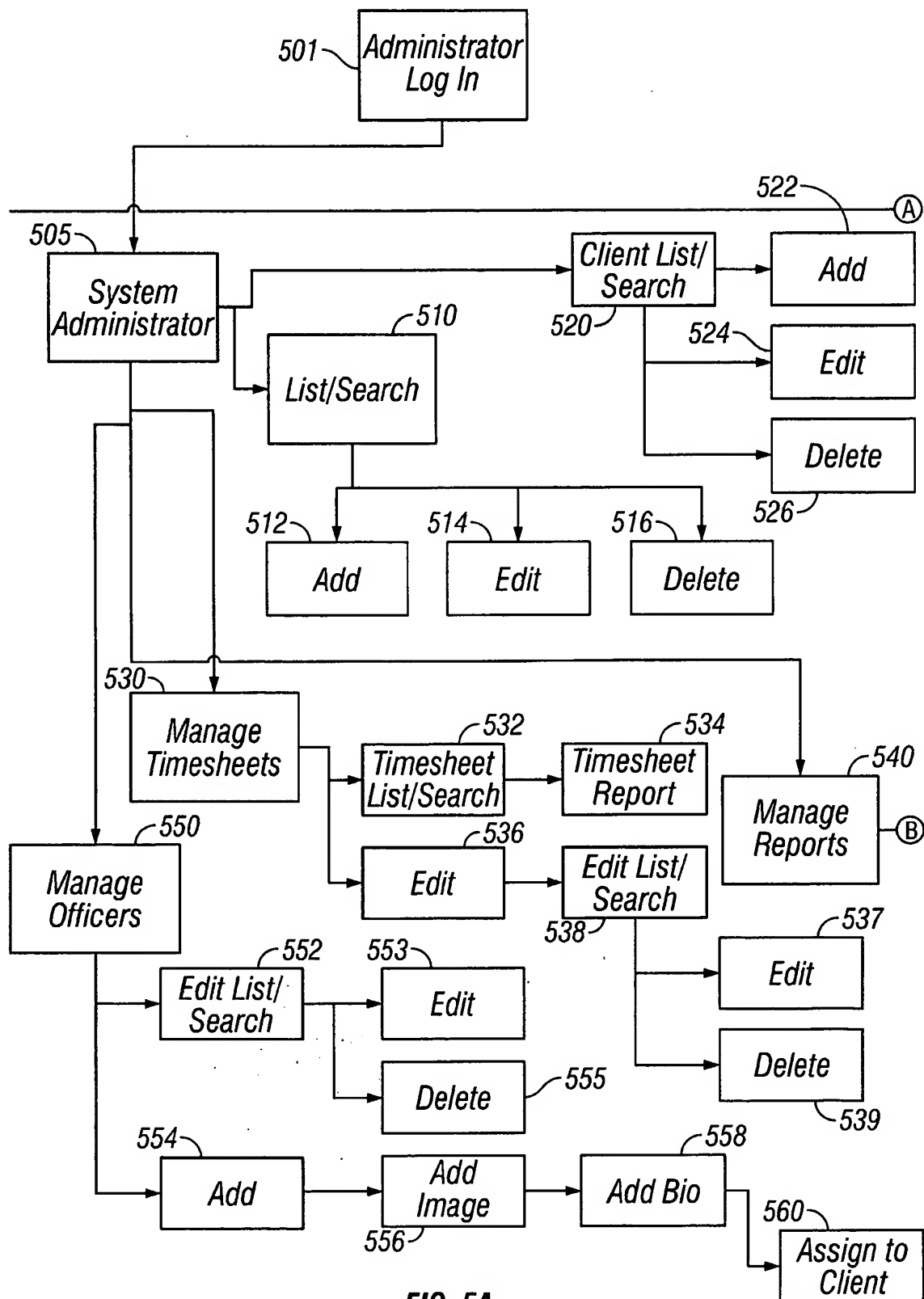
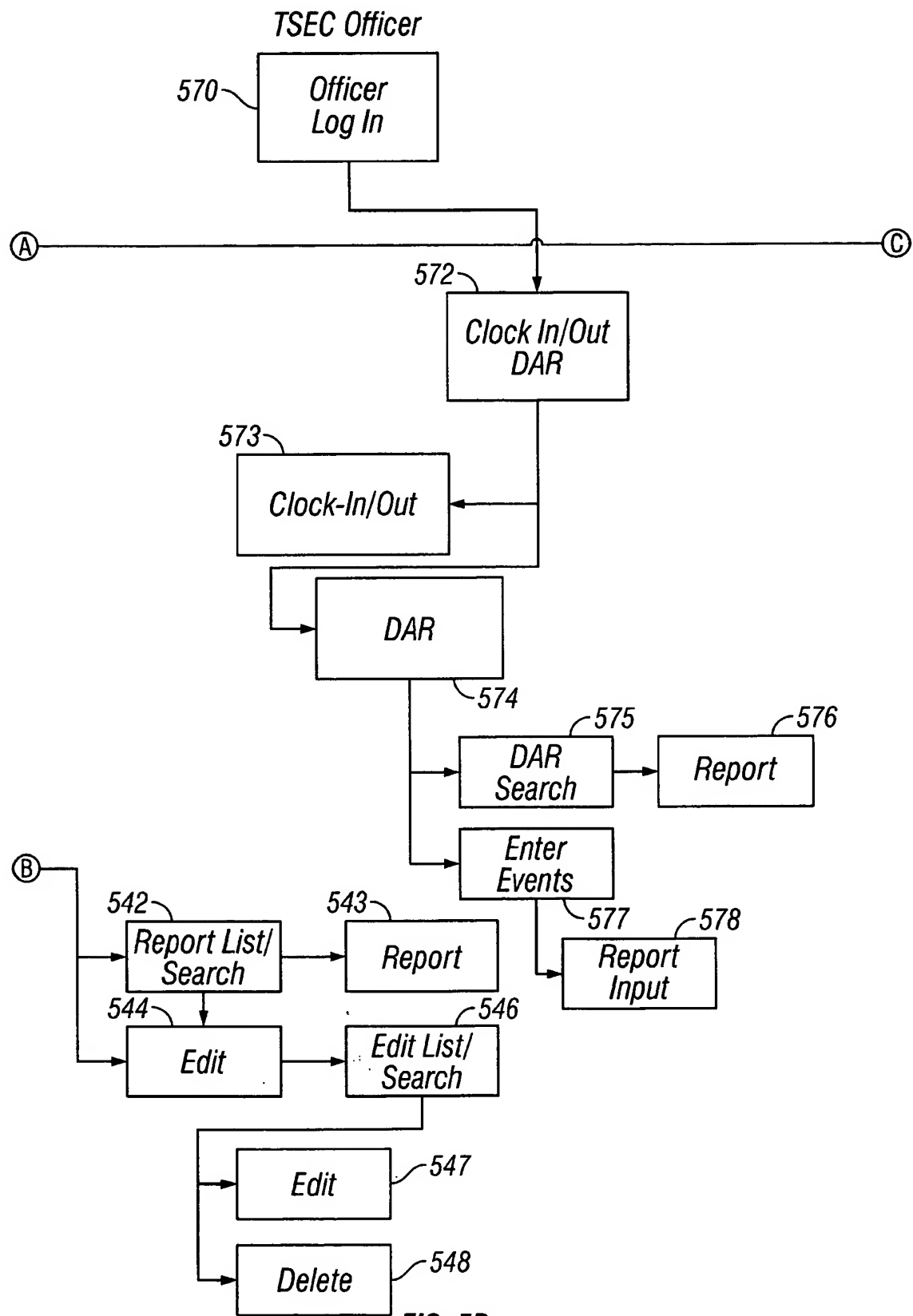


FIG. 5A



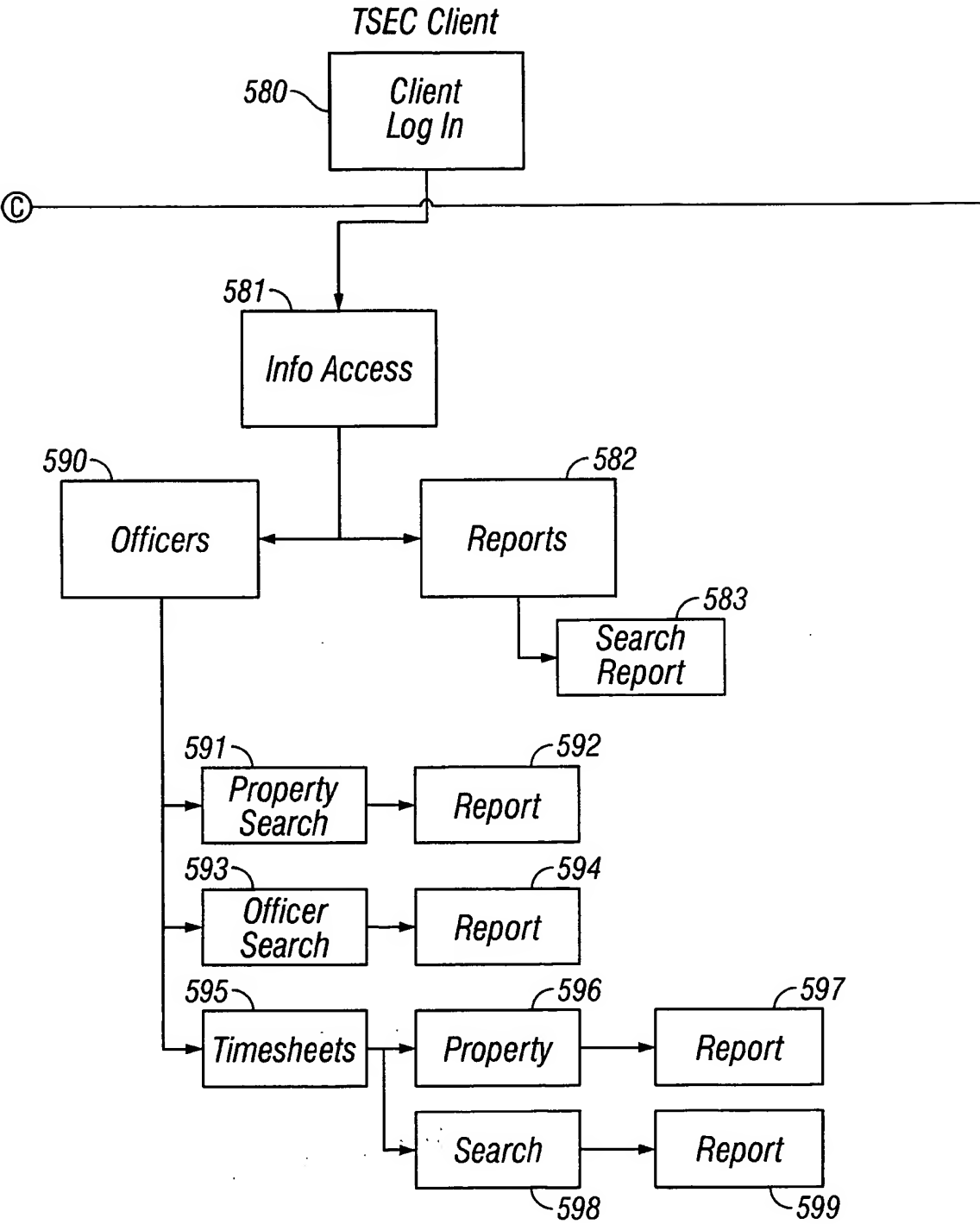


FIG. 5C

9/41

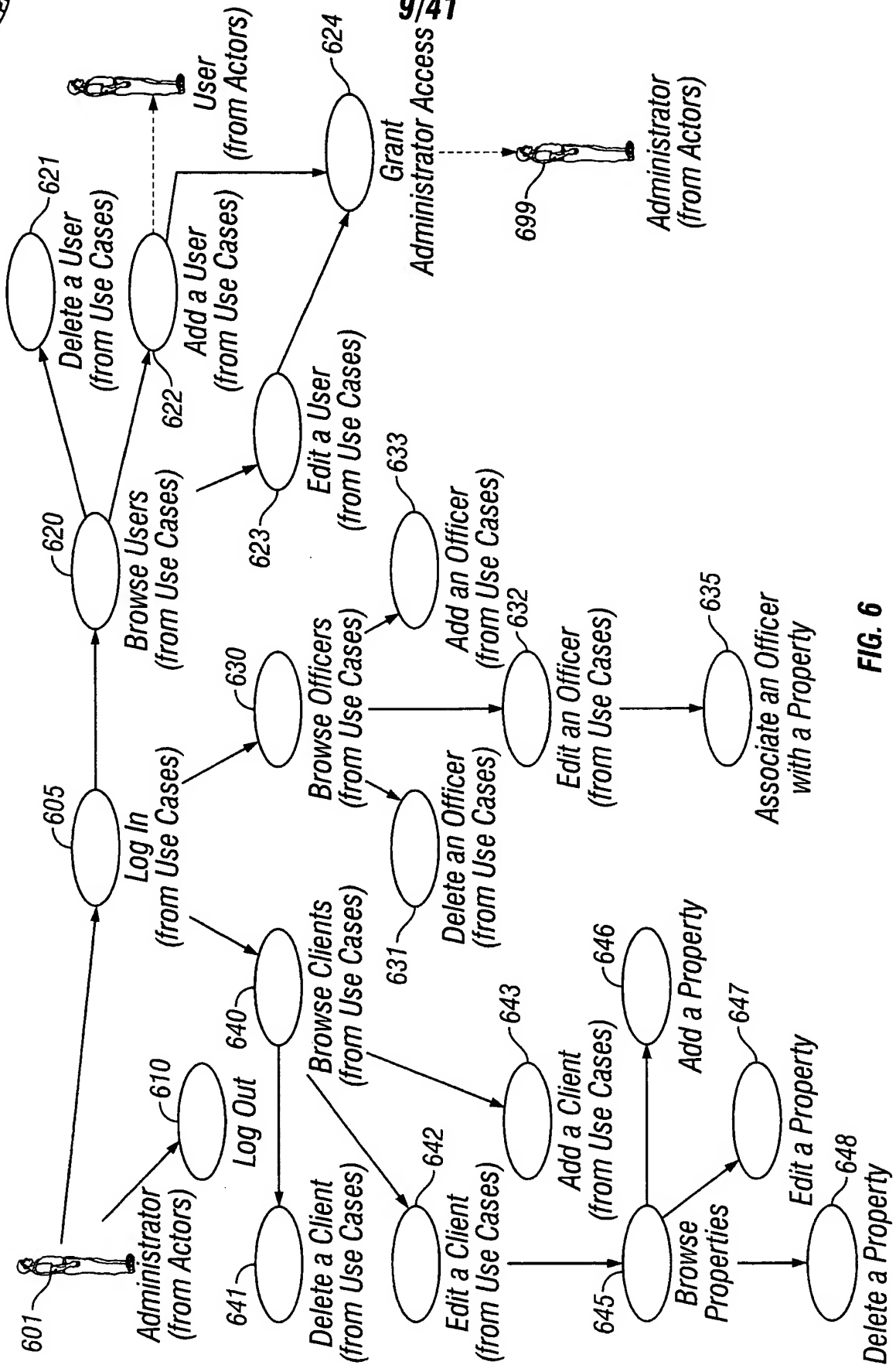


FIG. 6



10/41

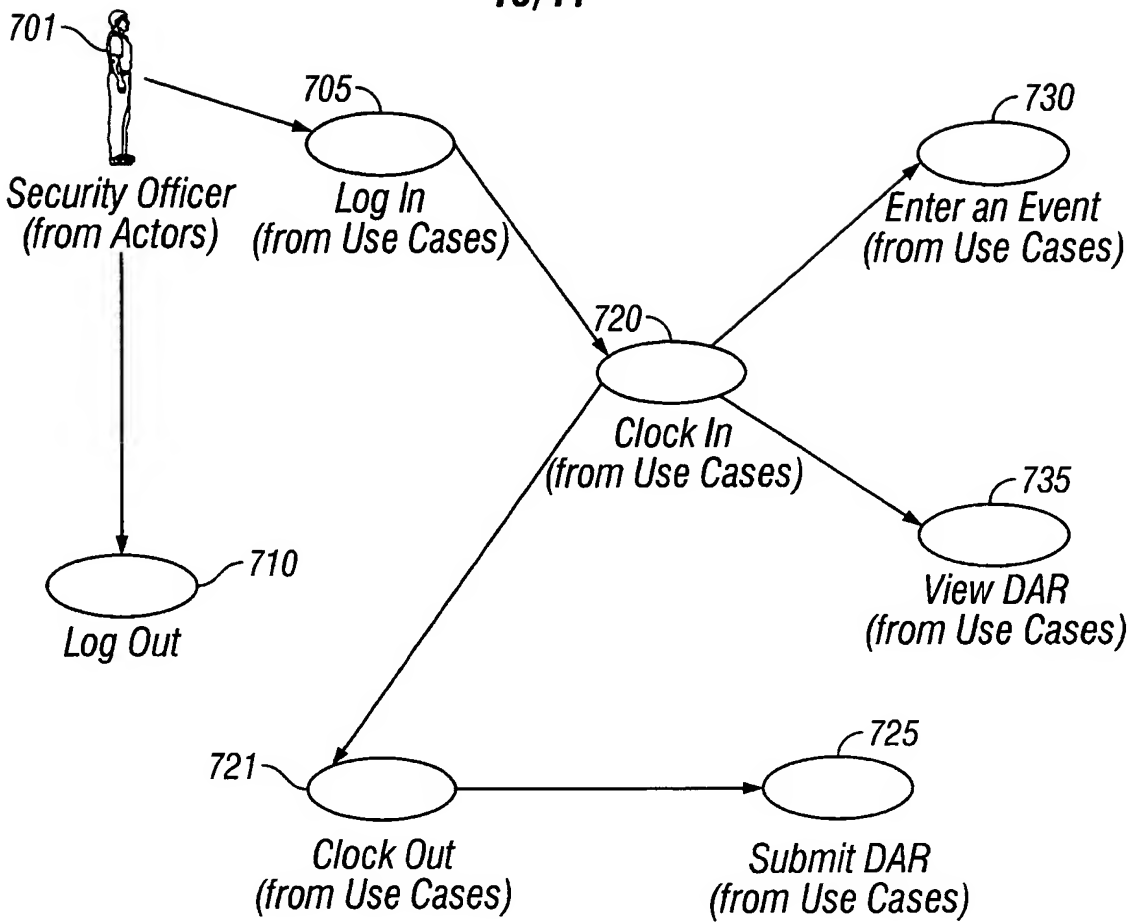


FIG. 7

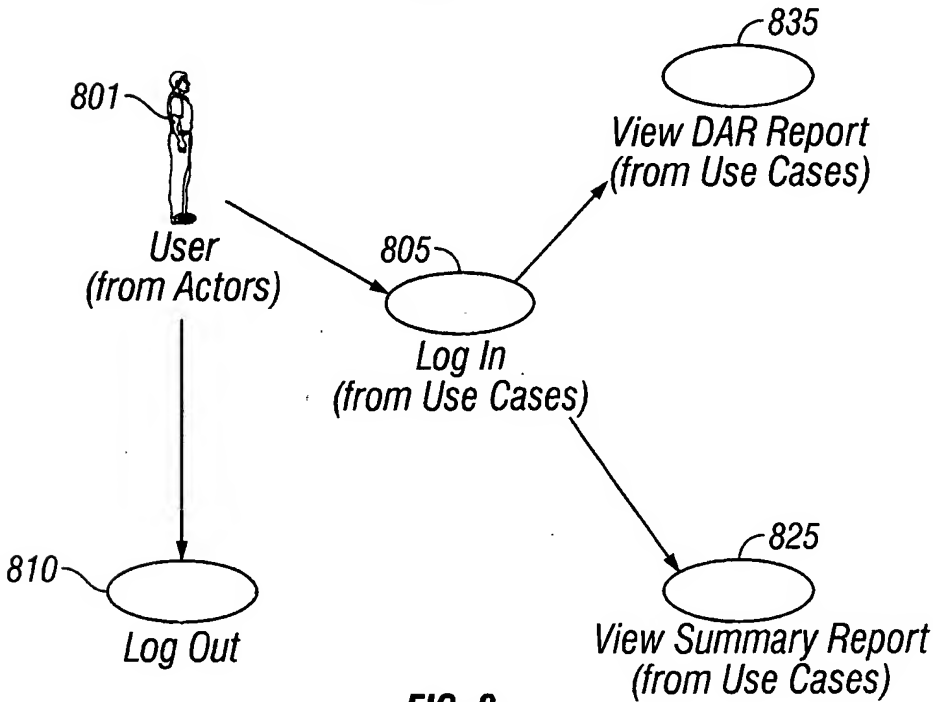


FIG. 8



11/41

Terrace Security Corporation
Online Applications Management Console

Please enter your UserID and password to continue:

UserID 901

Password 910

920

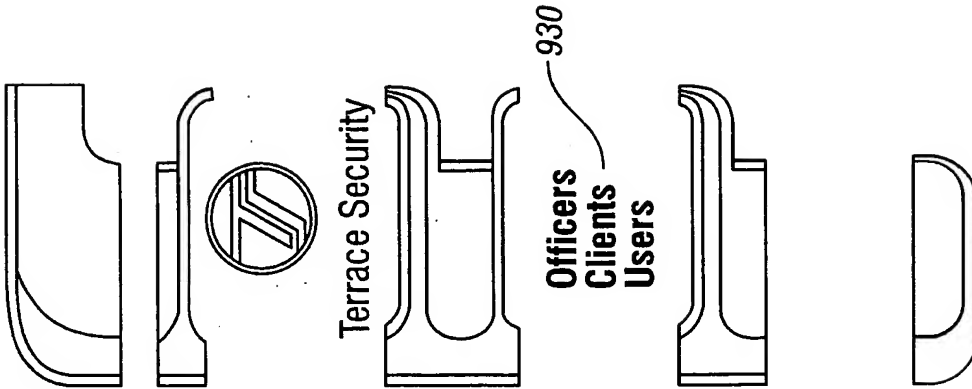


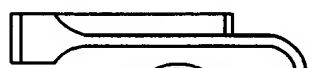
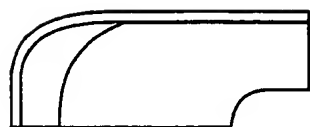
FIG. 9

Replacement Sheet

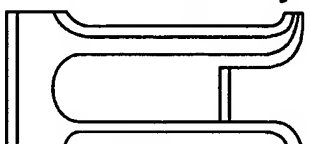


Replacement Sheet

13/41

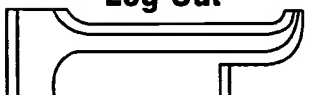


Terrace Security



**DAR
Summary**

Log Out



Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

FIG. 11A



Replacement Sheet

14/41

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		Y
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----



Replacement Sheet

15/41

Shift 8

Guard
Calamari, Manni
Time In
11/20/2000 8:02:02 AM
Shift Code
tewt
Comments
asretae

Post
Memorial City Mall
Time Out
11/21/2000 3:12:03 PM
Radio Number
tet

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard
Calamari, Manni
Time In
11/21/2000 3:12:18 PM
Shift Code
wer
Comments
erwer

Post
Memorial City Mall
Time Out
11/21/2000 3:17:34 PM
Radio Number
werwer

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard
Calamari, Manni
Time In
11/21/2000 3:56:21 PM
Shift Code
we
Comments
qr

Post
Memorial City Mall
Time Out
11/21/2000 4:07:48 PM
Radio Number
wet

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard
Calamari, Manni
Time In
11/21/2000 9:09:58 PM
Shift Code
wr3
Comments
wrwaer
Time In

Post
Memorial City Mall
Time Out
11/22/2000 9:20:43 AM
Radio Number
wer
Time Out

Code	Comments	IR
FIG. 11C		



Replacement Sheet

16/41

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

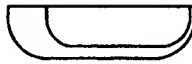
	Time In	Time Out	Code	Comments	IR
	1:00:00 AM	1:00:00 AM	1601	comments for the event go here	Y

FIG. 11D



Replacement Sheet

17/41

1210

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	

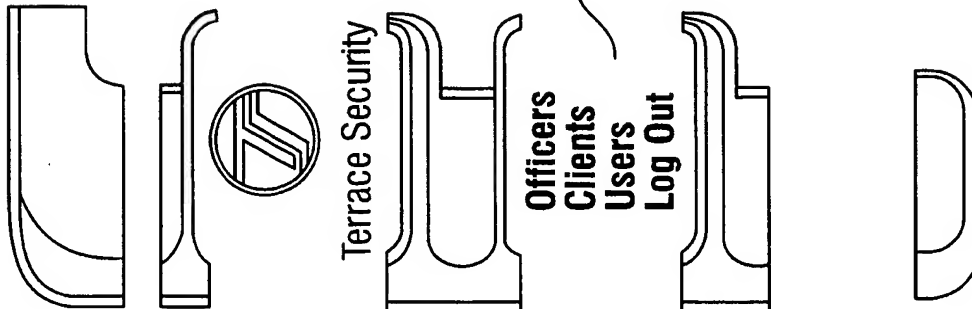
1230
Delete Selected Officer

1220
Edit Selected Officer > >

~OR~
1240

Add New Officer

FIG. 12



Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

Client Name	Contact Name	Phone	Email
<input checked="" type="radio"/> MetroNational Properties: property 1, new property-edited, new property 2, new property 3-edited	Jeff Jarvis	718-207-4400 x7184	jjarvis@
<input type="radio"/> General Growth Partners Properties: Memorial City Mall, Deerbrook Mall, Property 3	First Name	555-555-5555	first@first

Properties:

Edit Selected Client > >

OR

Add New Client

Delete Selected Client

FIG. 13



19/41

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

User Admin

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Borgman	Steve	steve	Yes
<input type="radio"/> Hays	Wayne	wayne	Yes
<input type="radio"/> Madison	Carmen	carm	Yes
<input type="radio"/> Marcis	Doug	doug	Yes
<input type="radio"/> Michaels	Bob	bob	Yes
<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
<input type="radio"/> Waggoner	Ian	ian	Yes

Delete Selected User

Edit Selected User > >

~OR~

Add New User

FIG. 14



20/41

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #

Incident Code/Type
1605 - Aggravated Robbery
Location

Date/Time Reported

12 ▾ / 30 ▾ / 2000 ▾

Date/Time Occurred

12 ▾ / 30 ▾ / 2000 ▾

12 ▾ : 00 ▾

☒ AM ☐ PM

12 ▾ : 00 ▾

☒ AM ☐ PM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

☒ SU ☐ C ☐ W

FIG. 15A



Replacement Sheet

21/41

Residence Phone		Business Phone		DOB	12	▼	/	30	▼	/	2000	▼						
Address				SSN				DL										
Employer				Department/Property														
Suspect is Minor	<input type="radio"/> Yes	<input type="radio"/> No	Parent/Guardian Notified	<input type="radio"/> Yes	<input type="radio"/> No	By Whom		Name of Notified		Time	12	▼	:	00	▼	:	<input checked="" type="radio"/> AM	<input type="radio"/> PM
Identifying Information #2																		
<input checked="" type="radio"/> SU	<input type="radio"/> C	<input type="radio"/> W	Residence Phone		Business Phone		Last Name		First Name		MI							
			DOB	12	▼	/	30	▼	/	2000	▼							
Address					SSN			DL										

FIG. 15B



Replacement Sheet

22/41

Employer			Department/Property	
Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Identifying Information #3				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	Last Name	First Name	MI	
Residence Phone	Business Phone	DOB		
		12 / 30 / 2000		
Address	SSN	DL		
Employer			Department/Property	

FIG. 15C



Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	12 : 00 AM PM
<hr/>				
Vehicle Info #1				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			
<hr/>				
Vehicle Info #2				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			
<hr/>				
Vehicle Info #3				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			

FIG. 15D



24/41

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

FOLLOW-UP

Date

12

/

30

/

2000

Time

12

:

00

By Whom

☒

☐

AM PM

submit

FIG. 15E

Replacement Sheet



II. THE COMPLAINANT - Check one: ☐ Tenant ☐ Visitor ☐ Contractor ☐ Employee:

Complete Sections I, II, VII & IX

Last Name: First Name: ☐ Male ☐ Female
Address: SSN:

City: State: Zip: Phone #: ()

26/41

Physical Disabilities:

Age: Height: ' " Weight:

Pregnant? ☐ Yes ☐ No If yes, how many months 1 ☐

Does Complainant wear glasses? ☐ Yes ☐ No If yes, what kind

Place of Employment: Position:

Address:

City: State: Zip: Phone #: ()

FIG. 16B



27/41

Driver's License # State: Date of Expiration : 01 / 01 / 2000

Vehicle Description: License Plate #: State:

Vehicle Insurance?: ☐ Yes ☐ No Insurance Company:

Policy # Policy Holder:

III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Not Offered - why?

☐ Offered

By whom; why?

☐ Offer Declined

Hospital Name?

☐ Taken to Hospital

Taken by: ☐ Ambulance ☐ HFD Unit # Paramedic's Name

FIG. 16C



28/41

☐ Self ☐ Other, Explain: _____

Taken at Whose Request? ☐ Complainant ☐ Other, Explain: _____

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact: _____

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? ☐ Yes ☐ No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

◀		▶	
◀		▶	

Complainant's description of any injury and where on their body it's located

◀		▶	
◀		▶	

FIG. 16D

Replacement Sheet



If unaccompanied, was someone responsible for the minor? ☐ Yes ☐ No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel *caused* the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

A. Description of the Incident Site

1. Type of Walkway:

☐ Floor ☐ Stairway ☐ Ramp ☐ Street ☐ Escalator ☐ Parking Lot ☐ Other-describe

2. Surface material:

FIG. 16F



- ☐ Carpet ☐ Vinyl tile ☐ Ceramic tile ☐ Terrazo ☐ Marble ☐ Quarry Tile ☐ Rug
 - ☐ Grass ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Metal ☐ Dirt ☐ Other-describe
-

3. Foreign substance present? (Soda, water, ice, snow, etc.) ☐ Yes ☐ No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



32/41

(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No

How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? ☐ Yes ☐ No If yes, describe nature of condition

FIG. 16H



33/41

Dimensions Debris present? ☐ Yes ☐ No If yes, describe

C. Lighting Conditions

1. ☐ Natural ☐ Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

☐ Yes ☐ No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? ☐ Yes ☐ No How many?

FIG. 16I



34/41

By whom?

Date & Time Taken Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A.

Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

FIG. 16J



His/her location at the time of the incident?

Describe in detail exactly what he/she said

	◀		▶	
				▲

Describe any conversation this Witness had with the Complainant

	◀		▶	
				▲

B.

Name Address

City State

FIG. 16K

Replacement Sheet



C.

Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

FIG. 16M



Describe any conversation this Witness had with the Complainant

--	--	--	--

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: ☐ Injury ☐ Vehicle ☐ Property Damage

Type of injury



FIG. 16N



Terrace Security Corporation
Secured Reporting Console

Please enter your UserID and password to continue:

UserID 1720

Password 1730

1740

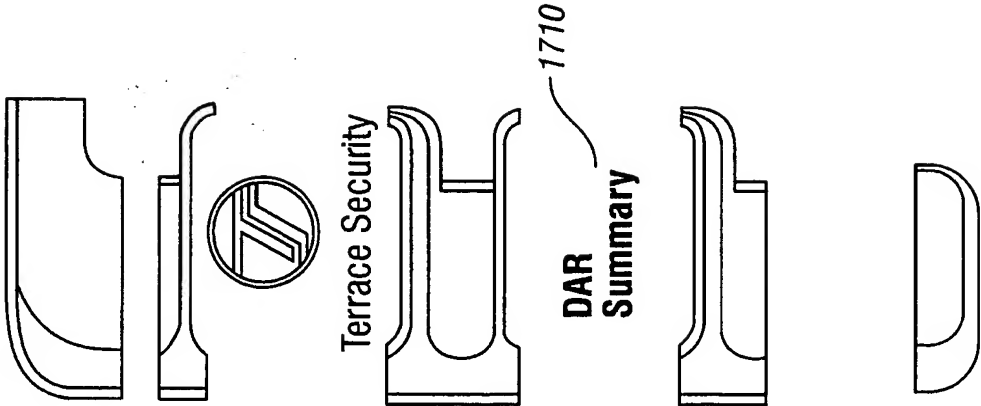


FIG. 17



Terrace Security

DAR Summary

Log Out

Terrace Security Corporation
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

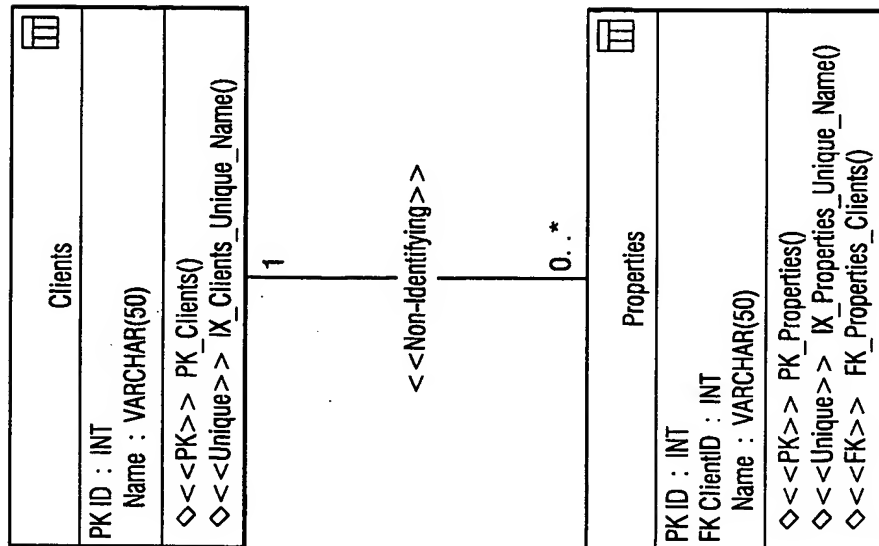
Guard	Property	Date
--All-- 1820	--All-- 1830	12/20/2000 1840

Event Code

--All--
1850

Show
1860

FIG. 18



Database Diagram

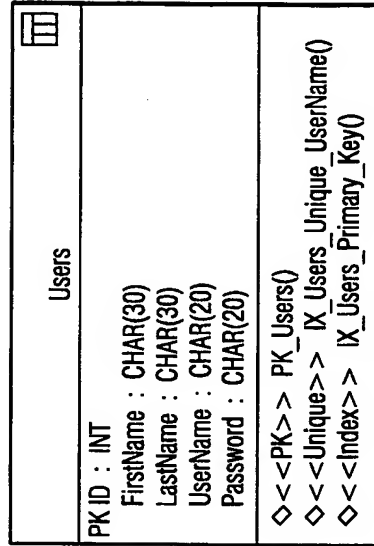


FIG. 19A

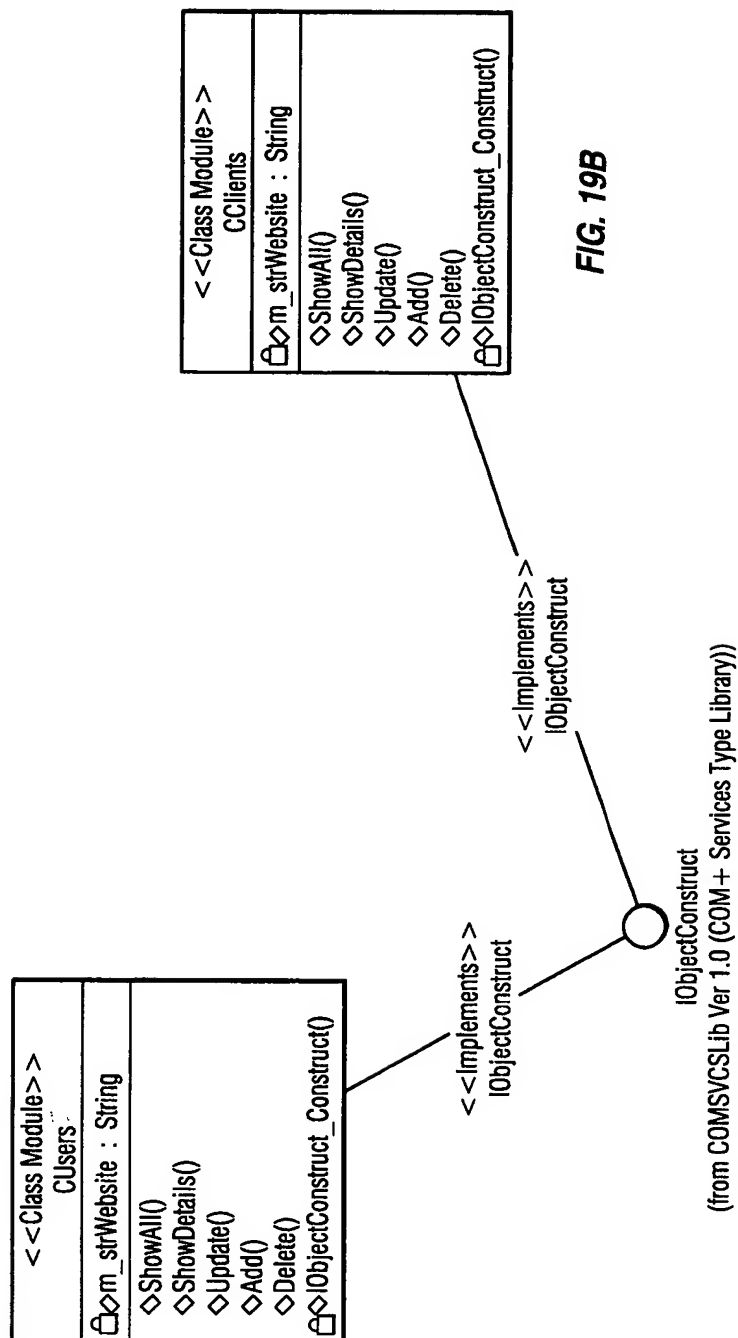


FIG. 19B

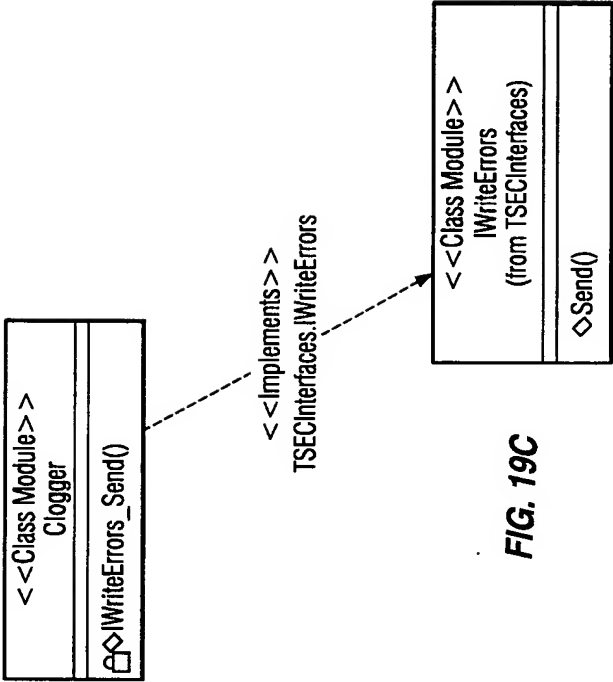


FIG. 19C

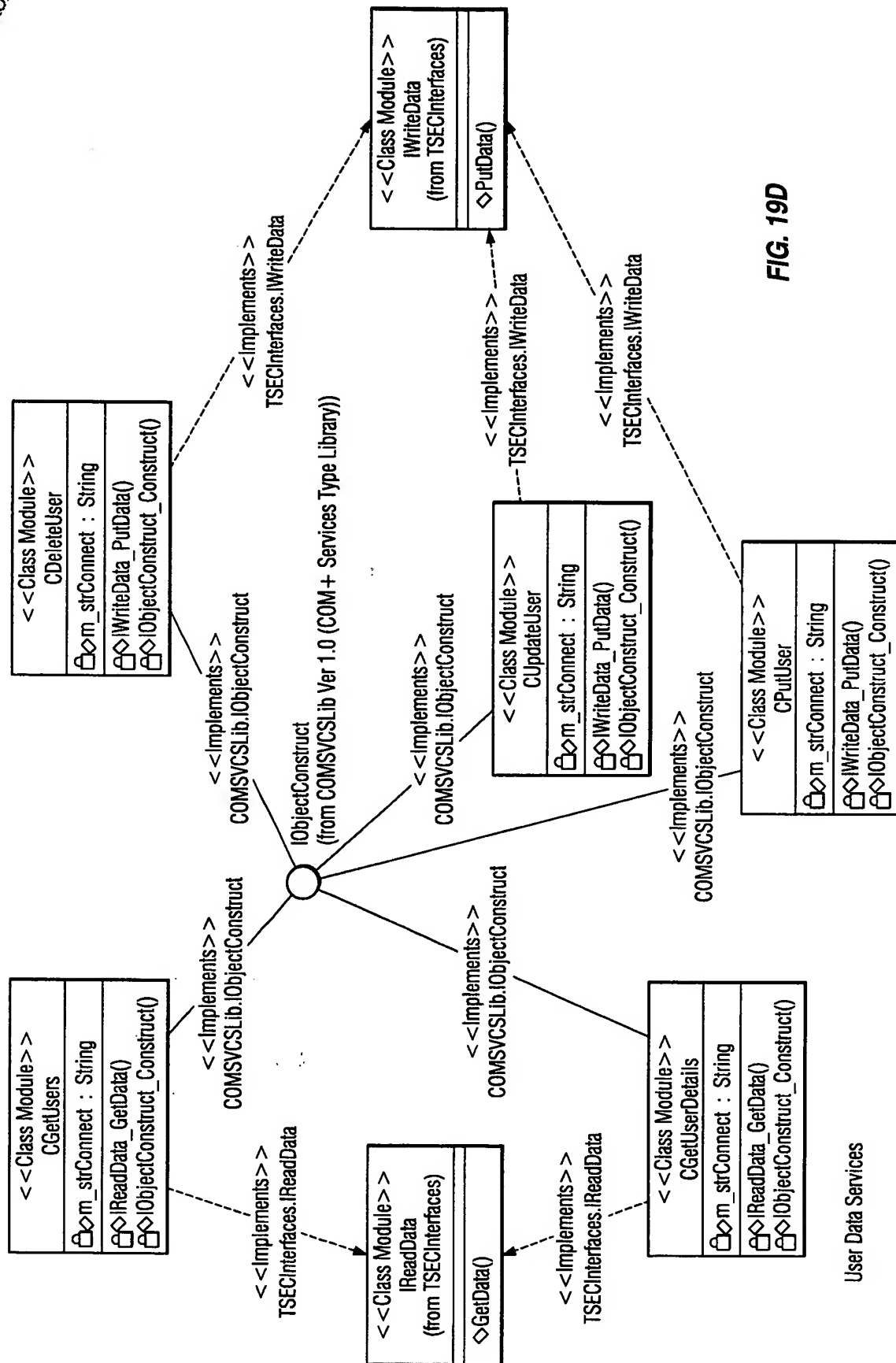


FIG. 19D

User Data Services



45/49

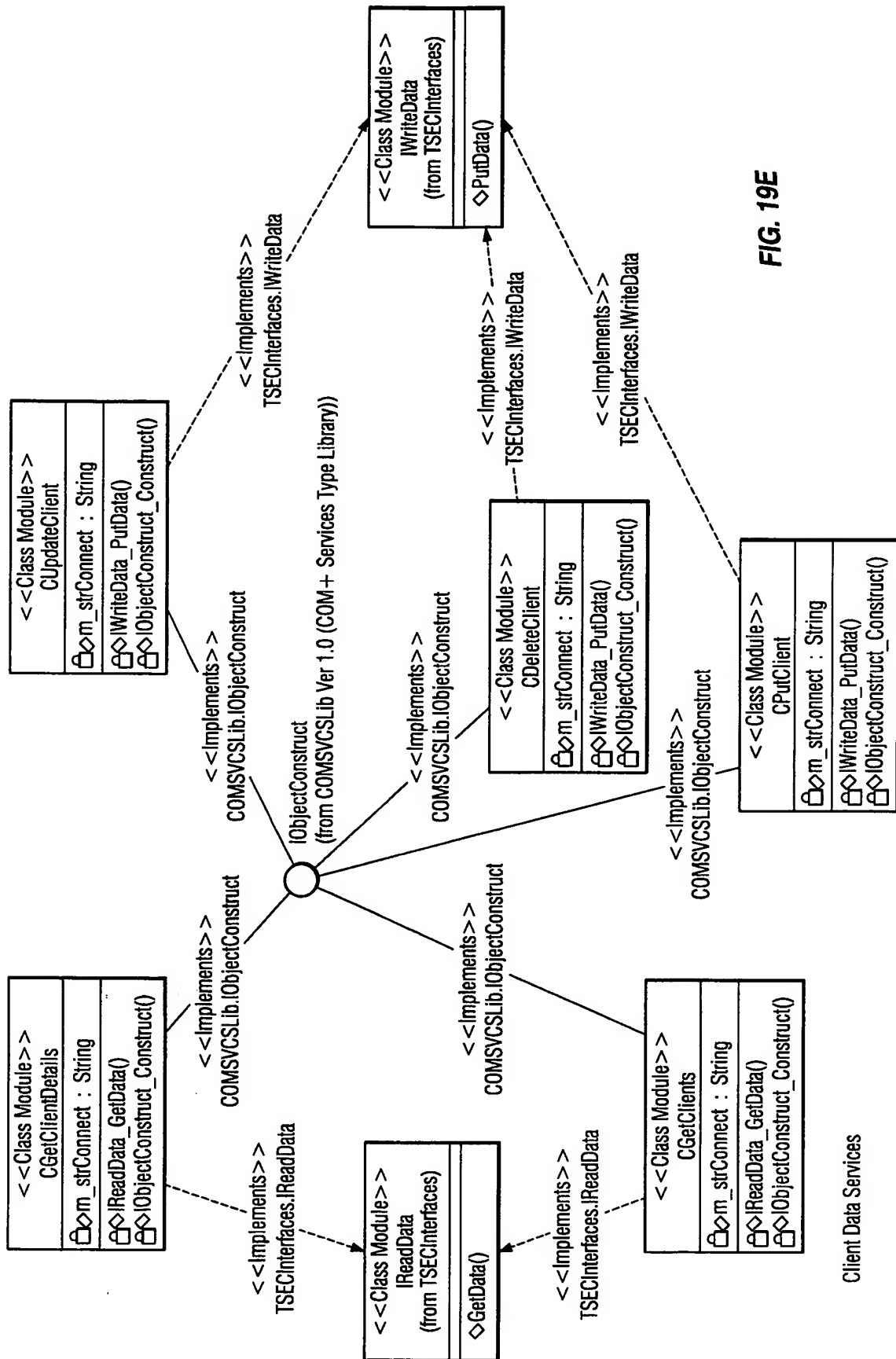


FIG. 19E

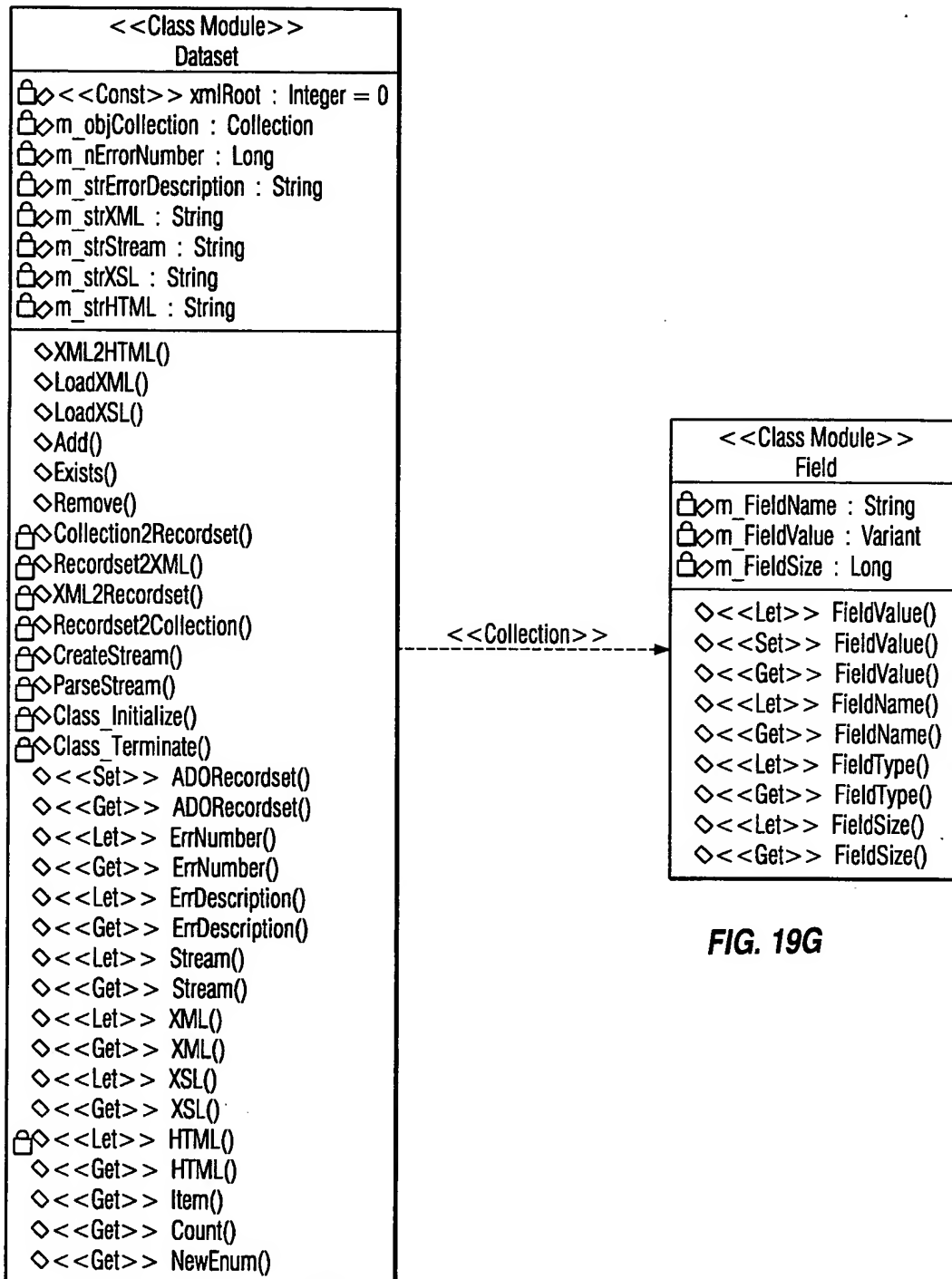


<<Class Module>> IWriteErrors
◇Send()

<<Class Module>> IWriteData
◇PutData()

FIG. 19F

<<Class Module>> IReadData
◇GetData()



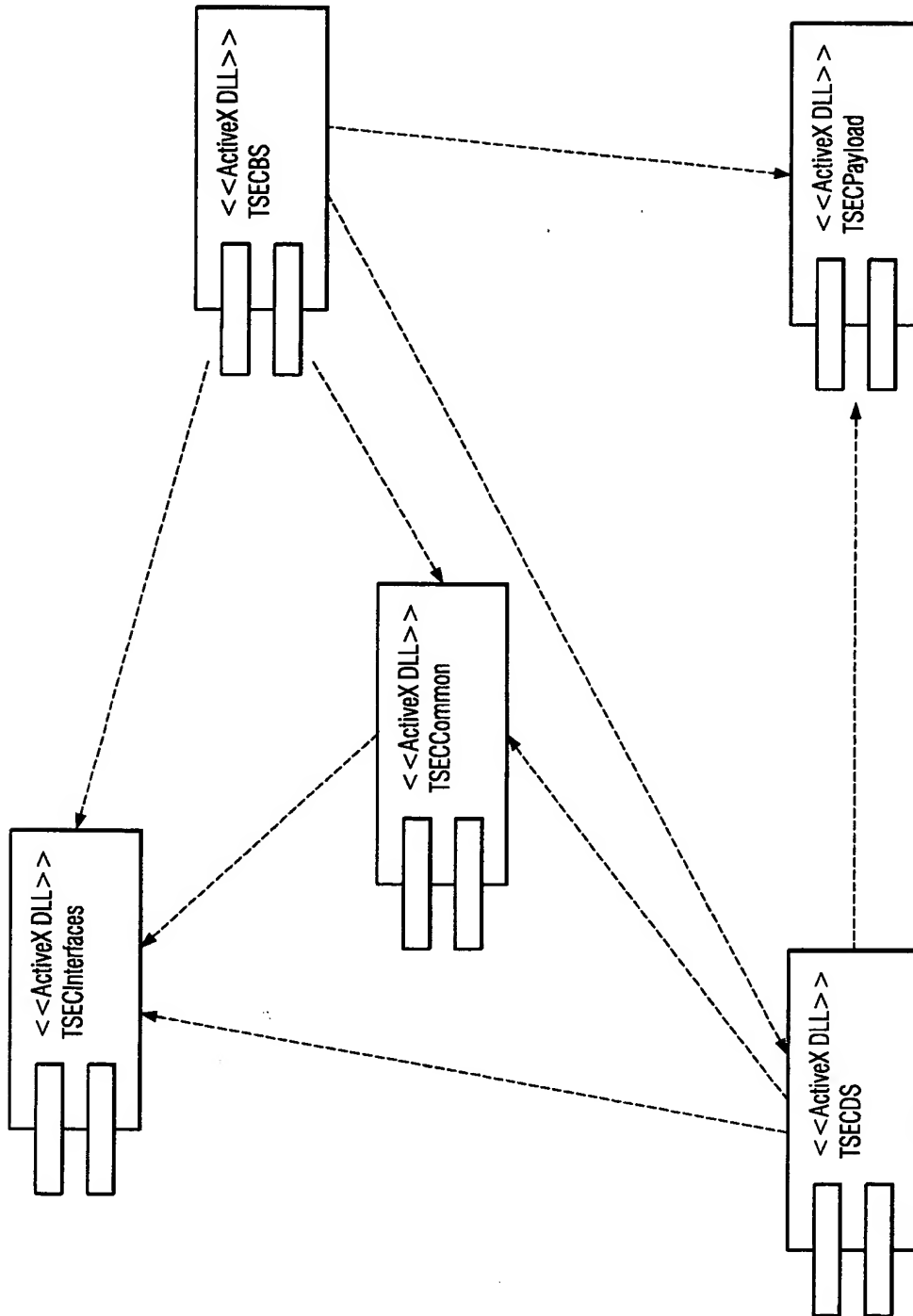


FIG. 19H

Component Diagram

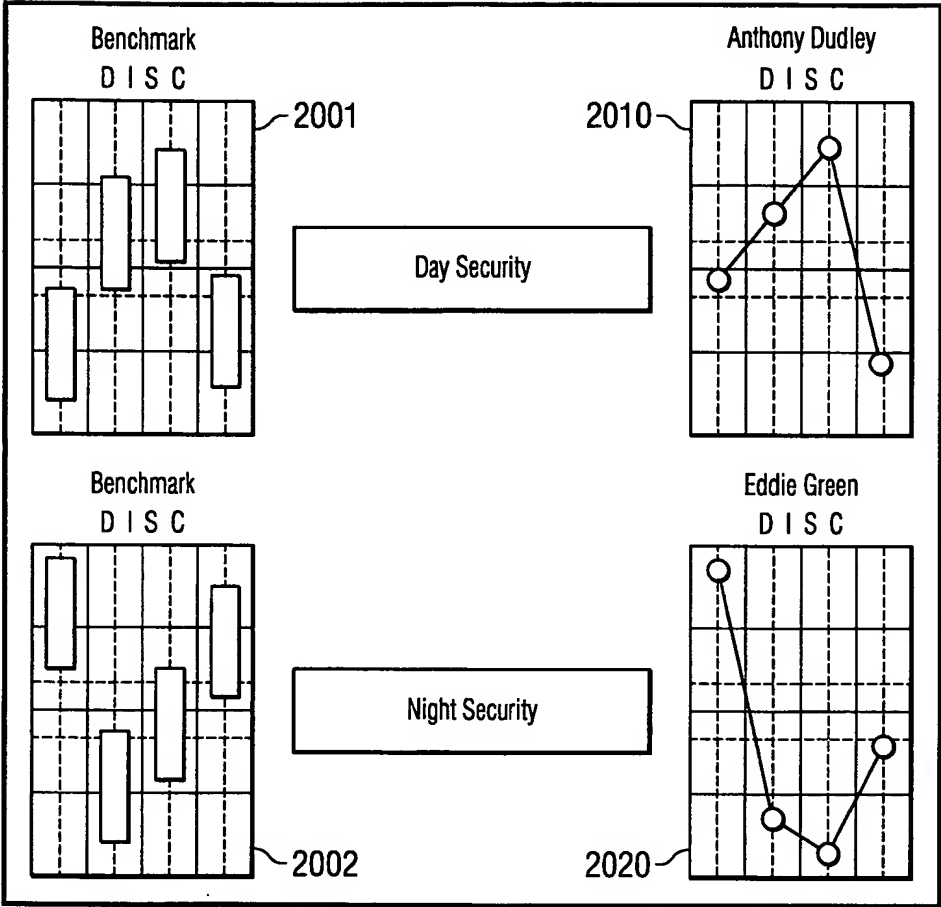


FIG. 20